



PERSONAL FINANCIAL STATEMENT

CALIFORNIA UNIFIED CERTIFICATION PROGRAM

As of _____, _____

Complete this form for each owner applying for DBE qualification (i.e., for each owner claiming to be socially and economically disadvantaged).

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS		(Omit Cents)		LIABILITIES		(Omit Cents)	
Cash on hand & in Banks	\$			Accounts Payable	\$		
Savings Accounts	\$			Notes Payable to Banks and Others	\$		
IRA or Other Retirement Account	\$			(Describe in Section 2)			
Accounts & Notes Receivable	\$			Installment Account (Auto)	\$		
Life Insurance-Cash Surrender Value Only	\$			Mo. Payments \$			
(Complete Section 8)				Installment Account (Other)	\$		
Stocks and Bonds	\$			Mo. Payments \$			
(Describe in Section 3)				Loan on Life Insurance	\$		
Real Estate	\$			Mortgages on Real Estate	\$		
(Describe in Section 4)				(Describe in Section 4)			
Automobile-Present Value	\$			Unpaid Taxes	\$		
Other Personal Property	\$			(Describe in Section 6)			
(Describe in Section 5)				Other Liabilities	\$		
Other Assets	\$			(Describe in Section 7)			
(Describe in Section 5)				Total Liabilities	\$		
Total	\$			Net Worth	\$		
				Total	\$		

Section 1. Source of Income		Contingent Liabilities	
Salary	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims & Judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income (Describe below)*	\$	Other Special Debt	\$

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)					
	Property A	Property B	Property C		
Type of Property					
Address					
Date Purchased					
Original Cost					
Present Market Value					
Name & Address of Mortgage Holder					
Mortgage Account Number					
Mortgage Balance					
Amount of Payment per Month/Year					
Status of Mortgage					
Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)					
Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)					
Section 7. Other Liabilities. (Describe in detail.)					
Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)					
<small>I authorize member agencies of the California Unified Certification Program (CUCP) to make inquiries as necessary to verify the accuracy of the statements made and to determine my financial status. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining eligibility to participate in the U.S. Department of Transportation Disadvantaged Business Enterprise (DBE) program. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).</small>					
Signature:		Date:	Social Security Number:		
Signature:		Date:	Social Security Number:		
<small>PLEASE NOTE: This form was adapted from SBA Form 413(3-00)[OMB APPROVAL NO. 3245-0188, EXPIRATION DATE: 11/30/2004] pursuant to 49 Code of Federal Regulations Part 26, as amended. In accordance with SBA form 413 the estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.</small>					

PERSONAL FINANCIAL STATEMENT NOTARY ACKNOWLEDGEMENT

STATE OF _____

COUNTY OF _____

On this _____ day of _____, _____, before me, the undersigned Notary Public, personally appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within Affidavit, and acknowledged that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument, the person(s) executed the instrument.

WITNESS my hand and Official Seal.

Signature: _____

Name: _____
(Typed or Printed)